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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION	Attorney Docket	8058 PA05	
	First Named Inventor	Sincaglia, et al.	
	COMPLETE IF KNOWN		
	Application Number	Unknown	
	Filing Date	Unknown	
	Group Art Unit	Unknown	
<input checked="checked" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing		Examiner Name	Unknown

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System for Distributed Media Network and Meta Data Server

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable.)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto
60/180,248	02/04/2000	

DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Patent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Registered practitioner(s) name(s)/registration number listed below:

Name	Registration Number	Name	Registration Number
NEIL F. MARTIN JOHN L. HALLER JAMES W. MCCLAIN	23,055 27,795 24,538	Kathleen L. Connell	45,344

Direct all correspondence to:

Attorney Name	Kathleen L. Connell				
Address	BROWN MARTIN HALLER & MCCLAIN LLP				
Address	1680 UNION STREET				
City	SAN DIEGO	State	CALIFORNIA	ZIP	92101
Country	USA	Telephone	(619) 238-0999	Fax	(619) 238-0062

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Last Name	
NICOLAS WILLIAM		Sincaglia	
Inventor's Signature	Date		2/25/11
Residence: City	Sunnyvale	State	CA
Post Office Address	225 West Red Oak Drive		
Post Office Address			
City	Sunnyvale	State	CA
Zip	94086	Country	U.S.

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Last Name	
Sylvain Pierre		Rebaud	
Inventor's Signature	Date		02/05/11
Residence: City	San Francisco	State	CA
Post Office Address	1600 York Street		
Post Office Address			
City	San Francisco	State	CA
Zip	94110	Country	French

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**

Supplemental Sheet

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Name of Additional Joint Inventor, if any:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

James Patrick

Lester

Inventor's Signature

Date

2-2-01

Residence: City

San Francisco

State

CA

Country

U.S.A.

Citizenship

U.S.

Post Office Address

1451 1/2 Shotwell Street

Post Office Address

City

San Francisco

State

CA

Zip

94110

Country

U.S.

Name of Additional Joint Inventor, if any:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Eric Wayne

Hansen

Inventor's Signature

Date

2-2-01

Residence: City

San Jose

State

CA

Country

U.S.A.

Citizenship

U.S.

Post Office Address

1408 Glacier

Post Office Address

City

San Jose

State

CA

Zip

95116

Country

U.S.

Name of Additional Joint Inventor, if any:

☐

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

David G.

Lampton

Inventor's Signature

Date

2-2-01

Residence: City

San Francisco

State

CA

Country

U.S.A.

Citizenship

U.S.

Post Office Address

1451 1/2 Shotwell Street

Post Office Address

City

San Francisco

State

CA


Zip

94110

Country

U.S.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Timothy R.				Bratton			
Inventor's Signature				Date	2/2/01		
Residence: City	Los Altos	State	CA	Country	U.S.A.	Citizenship	U.S.
Post Office Address	10691 Mora Drive						
Post Office Address							
City	Los Altos	State	CA	Zip	94024	Country	U.S.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	